

Forms needed for McKinney-Vento

AR DEPT OF
EDUCATION

PANGBURN SCHOOL
DISTRICT

Helpful Websites

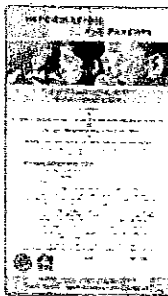


National Center for Homeless Education
at The SERVE Center

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<http://center.serve.org/nche/briefs.php>http://center.serve.org/nche/online_order.php



http://center.serve.org/nche/online_order.php



Local Homeless Education Liaison Toolkit

<http://center.serve.org/nche/downloads/toolkit/toolkit.pdf>

United Way

<http://apps.unitedway.org/myuw/luindex.cfm?id=browsecities&zip=00000&abbr=AR&app=>

Salvation Army

http://www.salvationarmyusa.org/usn/www_usn_2.nsf

National Association for the Education of Homeless Children and Youth (NAEHCY)

<http://www.naehcy.org/educational-resources/helpline>

Homeless Shelters in Arkansas

<http://www.homelessshelterdirectory.org/arkansas.html>

Foster Care and Education

http://www.americanbar.org/content/dam/aba/migrated/child/education/publications/ga_fc_and_mv_overlap_final.authcheckdam.pdf

SAMPLE RESIDENCY INFORMATION FORM

This questionnaire is in compliance with the McKinney-Vento Act, U.S.C. 42 § 11431 et seq. Your answers will help determine if the student meets eligibility requirements for services under the McKinney-Vento Act.

Student _____ Parent/Guardian _____
 School _____ Phone _____
 Age _____ Grade _____ D.O.B. _____
 Address _____
 City _____ Zip Code _____

Please list siblings or other children in the home:				
Name	Student No.	Grade	Age	School (if not enrolled, please indicate)

Is this address Temporary or Permanent? (circle one)

Please choose which of the following situations the student currently resides in (you can choose more than one):

- House or apartment with parent or guardian
- Motel, car, or campsite
- Shelter or other temporary housing
- With friends or family members (other than or in addition to parent/guardian)

If you are living in shared housing, please check all of the following reasons that apply:

- Loss of housing
- Economic situation
- Temporarily waiting for house or apartment
- Provide care for a family member
- Living with boyfriend/girlfriend
- Loss of employment
- Parent/Guardian is deployed
- Other (Please explain)

Are you a student under the age of 18 and living apart from your parents or guardians? Yes No

McKinney-Vento Collaboration Form

Collaborator Name (Organization and Department Name):			
Mailing Address:			
City:			Zip:
Office Phone:	Cell Phone:	Fax:	Email:

Type of collaboration (check one):

In-District Collaboration (examples: Music Department, PTA, Special Education, Migrant Department, etc.)

Other Organization/Agency Collaboration (examples: Girl Scouts, Boys and Girls Club, Baptist Church, Lion's Club, YMCA Family Shelter, Safe Place Domestic Violence Shelter, etc.)

List the specific services and/or items this collaborator will provide to support the McKinney-Vento program:

Collaborator's Signature:	
Title or Position:	
Date:	

This document is to signed as evidence of the collaboration between the school district and the entity/entities with which the district has and will collaborate in the planning and implementation of the ***Education of Homeless Children and Youth Program***. The statement must be signed by the chief executive officer of the agency or organization with which the applicant is collaborating.